## SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER AFTER AS FILED 1st AMENDMENT 2nd AMENDMENT DEP. IND. DEP. DEP. IND. IND. IND. DEP. IND. DEP. IND. DEP. , 19 Ţ TOTAL TOTAL IND. **\_i –**1 \_1 TOTAL DEP. TOTAL DEP. TOTAL CLAIMS 4 4 6 6

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM **PTO-2022** (1-98)

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